

# Registered pharmacy inspection report

**Pharmacy Name:** Grand Pharmacy, 11 Grand Hotel Buildings,  
Compton Street, EASTBOURNE, East Sussex, BN21 4EJ

**Pharmacy reference:** 1036170

**Type of pharmacy:** Community

**Date of inspection:** 07/08/2019

## Pharmacy context

This Healthy Living Pharmacy (HLP) is located in a small parade of shops, a short distance from the centre of Eastbourne. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons, home deliveries, a travel health service and is a yellow fever vaccination centre. It also dispenses some medicines in multicompartiment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines, and for a local care home.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	1.2	Good practice	Records of near misses and errors are regularly reviewed and records are kept showing what has been learned and what has been done.
<b>2. Staff</b>	Standards met	2.2	Good practice	Staff are encouraged to undertake additional training and develop their skills to progress their career
		2.3	Good practice	The pharmacy team can give examples of interventions that have had positive outcomes for patients.
		2.4	Good practice	There is evidence of effective team working to achieve common goals. Members of the pharmacy team demonstrate enthusiasm for their roles and can explain the importance of what they do.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing most risks effectively. The pharmacy logs the mistakes it makes during the dispensing process. The pharmacist regularly reviews them with the team so that they can all learn from them and avoid problems being repeated. The pharmacy manages and protects confidential information well, and team members also understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong. The pharmacy keeps its paperwork, including the records that it needs to keep by law, tidy and well-organised. But it has missed a few details, and a few of its records haven't been recently reviewed. This could make it more difficult for the team to resolve any queries which may arise in the future.

### Inspector's evidence

There were Standard Operating Procedures (SOPs) in place to underpin all professional standards, that had been signed by all staff to confirm that they had read and understood them. They were last reviewed in January 2016 and the pharmacist explained that she hadn't reviewed them recently but would do as soon as possible. But the responsible pharmacist (RP) SOPs had been reviewed in April 2018. There were well organised and current records of errors and near misses, including learning points and actions taken. The pharmacist explained that every month she would go through the near misses and errors with the staff to help reduce the chance of the same things happening again. Errors were recorded separately from near misses.

Roles and responsibilities of staff were documented in the SOPs, and the dispensers were both clear about the tasks they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. They were able to describe what action they would take in the absence of the responsible pharmacist and explained what he could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP log was complete.

Results of the 2018 to 2019 Community Pharmacy Patient Questionnaire (CPPQ) were available and showed that 97.22% of respondents rated the pharmacy overall as either excellent or very good. The team regarded the result as a little disappointing because they had achieved 100% the previous year, and there were no areas identified for improvement this time. Cleaning was done as necessary at the same time as date checking. The pharmacy complaints procedure was set out in the SOP file as well as in the pharmacy practice leaflet on display. There was also a prominent 'help us to help you' notice in the waiting area for people to see. A certificate of professional indemnity and public liability insurance from BGP Numark valid until October 2019 was on display in the dispensary.

Private prescription records were maintained on the pharmacy computer and were mostly complete and correct. There were some records where the incorrect prescriber had been recorded. Once this had been pointed out, the pharmacist immediately agreed to ensure that all staff would enter the correct details in future. There were some emergency supply records for items which were usually redeemed against a prescription. The nature of the emergencies and reasons for supply had been recorded, but not in sufficient detail. Upon reflection the pharmacist said that she would add more detailed reasons in future.

The controlled drug (CD) register was seen to be correctly and very tidily maintained. The pharmacist checked the balances approximately every month although there were some longer intervals. Running balances of two randomly selected products were checked and both found to be correct. Alterations made in the CD register were asterisked and a note made at the bottom of the page with initials and dates. The pharmacist explained that she was starting to use an electronic CD register, so was currently making entries in both until she was sufficiently confident that she could rely upon the electronic records alone.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. There was also a very well organised Data Security and Protection (DSP) folder. They were able to provide examples of how they protect patient confidentiality, for example keeping anything with private information on out of sight and checking names and addresses discreetly.

The pharmacy delivered prescriptions to those unable to access the pharmacy. Staff described several examples where urgently needed prescriptions had been delivered by them after work, or where the pharmacist herself had made a delivery so that she could explain how to use a new compliance pack. The delivery driver had a delivery drop sheet which doubled as a signature sheet. People could see other people's details on this although the pharmacist explained that she had instructed both drivers to ensure that the rest of the sheet was covered up when requesting a signature. Other options for maintaining patient confidentiality were discussed and upon reflection the pharmacist agreed to explore them in more detail. Completed prescriptions in the prescription retrieval system were visible from the counter but too far away for any sensitive information to be visible to people waiting at the counter. Confidential waste was kept separate from general waste and shredded offsite by a recognised contractor. A privacy notice was prominently displayed near the medicines counter.

There were safeguarding procedures in place and contact details of local referring agencies were seen to be held in the safeguarding section of the SOP file. The pharmacist had completed CPPE level 2 safeguarding training and had cascaded her knowledge to the rest of the team. Staff were able to describe some of the warning signs to look out for and would refer to the pharmacist if they had cause for concern. They were all Dementia friends

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They work very well as a team and feel able to make suggestions to improve safety and workflows where appropriate.

### Inspector's evidence

There were two dispensing assistants and the RP on duty during the inspection, and the delivery driver arrived a little later. This appeared to be appropriate for the workload and they were working well together. In the event of staff shortages, they always covered for each other. One of the dispensing assistants was the health champion and regularly attended external meetings such as smoking cessation meetings in Hastings, and 'every contact counts' meetings about brief interventions. The team also held a cake sale to help raise funds for a local hospice (St Wilfreds) and have also supported a local charity 'Strongbones'.

There were certificates on display confirming that staff members had completed the required training as a medicines counter assistant (MCA) and dispensing assistant. There was also a first aid at work certificate on display. Two more part-time MCAs were in the process of completing the Buttercups dispensing assistant training course. All staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described scenarios where they had referred to the pharmacist in the past.

All staff were seen to respond immediately when people arrived in the pharmacy, serving them and asking appropriate questions when responding to requests or selling medicines. The pharmacist confirmed that she was comfortable with making decisions and did not feel pressurised to compromise her professional judgement. The two dispensing assistants said that they could raise concerns or make suggestions, and that there was a whistleblowing policy available for them if needed. There were no targets in place other than those the pharmacist placed upon herself.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive its services

### Inspector's evidence

The pharmacy premises were clean and well laid out with modern fixtures and fittings. Entry through a single entrance door which was open during the inspection for ease of access and for additional ventilation. There was sufficient space to allow wheelchair access if required. The dispensary was at the back behind a small medicines counter. The layout was suitable for the activities currently undertaken. There was a clear workflow in the dispensary, with the labelling taking place at one end of the workbench and assembly along the benches at the side and rear. The pharmacist was completing final checks at the front of the dispensary.

There was a separate unlocked consultation room for confidential conversations, consultations and the provision of services. There was a computer in there with patient medication records visible, although the screen was facing away from the front entrance. The potential risk of a breach of confidentiality was discussed and upon reflection the pharmacist agreed to keep the door locked in future. There was a sink with hot and cold running water in both the dispensary and the consultation room. The sinks and toilet areas were clean and well maintained. There was a basement used for storage of non-medicinal items and also for the segregation of returned unwanted medicines. Room temperatures were appropriately maintained by heaters or fans as required to keep staff comfortable and suitable for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all of the medicines it supplies are fit for purpose. Team members take steps to identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds well to drug alerts or product recalls to ensure people only get medicines or devices which are safe. It keeps a record of the checks it makes to keep people safe. But, the pharmacy doesn't currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

### Inspector's evidence

There was a list of services displayed in the window and a range of health information posters and leaflets on display in the pharmacy. Controls were seen to be in place to reduce the risk of picking errors, such as separating LASAs on shelf (such as amlodipine and amitriptyline) and separating different strengths of medicines that could easily be confused (such as the different strengths and dosage forms of co-codamol). They used baskets to keep individual prescriptions separate, and prescription labels were initialled to show who had dispensed and checked them. Owings tickets were not in use when medicines could not be supplied in their entirety. But they were documented, and people advised when the remainder would be ready. Owings were checked every day to avoid any unnecessary delay, and if an item was likely to be unavailable for some time the pharmacist would contact their GP herself to arrange an alternative.

There were valid patient group directions (PGDs) in place for provision of emergency hormonal contraception (EHC) services, and evidence of the pharmacist's training. These PGDs had also been annotated with useful notes to help the pharmacist. There were detailed records of deliveries of Abilify Maintena injections as part of a 'Community Clinic Direct' service. Valid PGDs and consent forms were seen to have been complete for the private and NHS seasonal flu vaccine services which ended March 2019. The consent forms for the NHS medicines use review (MUR) service were well organised and segregated by month for ease of reference. Valid PGDs were also seen for the travel health service. The pharmacy was a yellow fever vaccination centre and the travel health service was provided in conjunction with CityDoc. The pharmacy received regular clinical updates from CityDoc to ensure that the service was always up to date. Records of patient consent, and of the vaccinations themselves were kept in a separate file in the consultation room. There were several adrenaline auto-injector pens available in the consultation room should they be needed for anaphylaxis.

Completed prescriptions for CDs were highlighted with a CD sticker so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 and 4 CDs were not highlighted but the prescriptions were attached to the bags and all staff were aware of their 28-day validity. The prescription retrieval shelves were checked every month and any expired prescriptions were removed. Fridge lines in retrieval awaiting collection were also highlighted with a sticker so that staff would know that there were items to be collected from the fridge.

The pharmacist was aware of the risks involved in dispensing valproates to women in the at-risk group, and all such patients were counselled and provided with leaflets and cards highlighting the importance

of having effective contraception. The leaflets and cards were seen to be stored in a display holder in the dispensary for ease of access. Patients on warfarin were asked if they knew their current dosage, whether their INR levels had been recently checked and the figures were recorded on the PMR system. Patients taking methotrexate and lithium were also asked about blood tests.

Medicines were obtained from licensed wholesalers including Phoenix, AAH, Alliance Colorama, OTC Direct. Unlicensed "specials" were obtained from Colorama (BNS) specials. The pharmacy was registered with SecurMed and had the scanners necessary to comply with the Falsified Medicines Directive (FMD), although they had not yet started using them to decommission products.

Routine date checks were seen to be in place, and record sheets were seen to have been completed. There were separate sections for the dispensary stock and products approaching six months of their expiry dates would be highlighted with a coloured sticker. There were separate sheets for over-the-counter products and they were highlighted in the same way but at three months pre-expiry. This was carried out at the same time as cleaning.

Opened bottles of liquid medicines were annotated with the date of opening. There were no plain cartons of stock seen on the shelves, and no mixed batches. Fridge temperatures were recorded daily and most seen to be within the correct temperature range. There was one occasion where the temperature exceeded the upper limit, but the pharmacist explained how she noted the variation and checked the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, protected by a low height gate preventing unauthorised access or self-selection of those medicines.

Patients returning unwanted medicines for disposal were asked if there were any needles (sharps) or CDs present. CDs were brought to the attention of the pharmacist and placed in a separate part of the CD cabinet. Patients returning sharps were signposted to the local council. Staff described how this sometimes led to problems as they were in an area with lots of visitors or holidaymakers who were often unable or unwilling to successfully arrange collection by the local council. The pharmacist had recently registered for the local needle exchange service and hoped that this might help to avoid some of the difficulties they faced. Records of CDs returned by patients were made upon receipt. There was also no list of hazardous medicines and no separate purple-lidded container for them. The pharmacist agreed to obtain both the list and a hazardous medicines container. Denaturing kits for the safe disposal of CDs were seen.

The pharmacy received drug alerts and recalls from the MHRA, copies of which were seen in a file. The last one to be filed was the recent BNS FMD recall and it had been annotated with checks against each line to show that there had been no affected stock. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy keeps people's private information safe.

### Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacist also used a number of online reference sources such as eMC, NICE and nhs.uk. The blood pressure monitor was replaced every year, and the current one was obtained in November 2018.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens are positioned so they are not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were not left on the premises overnight. Confidential information was kept secure and items awaiting collection were not legible from retail area

### What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.